

# CITY OF RIVERSIDE

## Building & Safety Division

Phone: (909) 826-5697

FAX: (909) 826-5622



### ❖ REQUEST FOR AFTER HOURS SERVICE ❖

#### General Information About the After Hours Program

The Building Official reserves the right to approve or deny the request for after hours service based on the availability of staff resources. After hours services should be requested as early as possible in order to allow sufficient time to determine the availability of staff to provide the service requested. Some requests may be denied due to the lack of available staff at the time or date requested. The staff member assigned to provide the after hours services may not be the same staff member who provides the service during normal business hours. If the time or date of the request for service is not contiguous to the regular work hours of the staff member, then a 2-hour minimum will be charged. The after hours hourly rate charged for the service is 2.5 times the top step salary of the employee. Travel time will be included in the time charged to the project. Expedited plan review services performed under this program include only the Building & Safety portion of the plan review and do not include expedited plan review by any of the other Departments that may be involved in the overall plan review process.

\*\*\*\*\*

#### Project Information

Permit #: \_\_\_\_\_ Location of Project: \_\_\_\_\_

Check type of service requested:

☐ First Plan Review ☐ Resubmittal Plan Review ☐ Field Inspection ☐ Other (specify)

Requested Date and Time of After Hours Service: (for field inspections only) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Today's Date \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

\*\*\*\*\*

#### **THE SECTION BELOW IS TO BE COMPLETED BY BUILDING AND SAFETY STAFF ONLY**

Authorizing Signature: \_\_\_\_\_ Assigned Staff Member: \_\_\_\_\_

Anticipated date service to be provided: \_\_\_\_\_

#### **AFTER HOURS WORK RECORD** (to be completed by the staff member performing the after hours service):

Staff Member Signature: \_\_\_\_\_ Date(s): \_\_\_\_\_

Start Time(s): \_\_\_\_\_ End Time(s): \_\_\_\_\_

Total Time Worked (Inspector's to include travel time): \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Description of work performed: \_\_\_\_\_

#### **ACCOUNTING** (staff member to show fee calculation on reverse side of this form):

☐ After Hours Fees and Notices Input into Accella Database Date Applicant Contacted: \_\_\_\_\_

**RETURN FORM TO THE BUILDING OFFICIAL WHEN COMPLETED**

G:\BLDG\HANDOUTS\AFTERHRS.REV